

40427

State File No. _____

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		3752		Registrar's No.		14																	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>																							
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Rural Boone</u>				c. LENGTH OF STAY (in this place) <u>4 years</u>																							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Ash Grove 1/2 Mile</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone</u> <u>0390</u>																							
				d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>																							
3. NAME OF DECEASED (Type or Print)				a. (First) <u>David</u>				b. (Middle) <u>Elzavan</u>				c. (Last) <u>Burney</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1950</u>											
5. SEX <u>Male</u>				6. COLOR OR RACE <u>White</u>				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>				8. DATE OF BIRTH <u>August 29 - 1865</u>				9. AGE (In years last birthday) <u>85</u>				10. UNDER 1 YEAR Months <u>4</u> Days <u>13</u>				11. UNDER 1 MIN. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Dade County Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>															
13a. FATHER'S NAME <u>Allison Burney</u>				13b. MOTHER'S MAIDEN NAME <u>Evelyn Patterson</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Burney</u>																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mary Burney</u>				ADDRESS <u>Ash Grove Mo</u>															
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>332X</u>															
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>															
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)																			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?																			
22. I hereby certify that I attended the deceased from <u>Nov 10</u> , 19 <u>50</u> , to <u>Dec 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>50</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.																											
23a. SIGNATURE <u>G. F. Staines Jr.</u> (Degree or title)				23b. ADDRESS <u>Ash Grove, Mo</u>				23c. DATE SIGNED <u>Dec. 14 - 1950</u>																			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Dec. 14 - 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Sinking Creek Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Dade County Missouri</u>															
DATE REC'D BY LOCAL REG. <u>Dec. 14 - 1950</u>				REGISTRAR'S SIGNATURE <u>Greene H. Wilson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Birch</u>				ADDRESS <u>Ash Grove Mo.</u>															

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 50-12-64

Date Filed 12-21-50

RECEIVED
DEC 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard E Watts

Licensed Embalmer No. 4653

P. O. Address Ash Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.